



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Roy Dearmore, MD

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-15-0745-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

October 27, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "These services were requested and prescribed by the Division. The ...designated doctor performed the MMI examination and assigned the IR, but he did not perform the range of motion, strength, or sensory testing of the musculoskeletal body area(s), that means he should bill using the appropriate MMI CPT code 99546 with the component modifier – 26. Reimbursement for the examining doctor is 80% of the MAR.

The physical therapist and/or health care provider other than the examining doctor that performs the range of motion, strength, or sensory testing of the musculoskeletal body, the physical therapist and/or health care provider will bill with the component – TC. In this instance, reimbursement to the physical therapist and/or health care provider is 20% of the MAR.

The bills from the two parties must be coordinated and billed appropriately and should be billed at the same time for the correct reimbursement...

We have met the burden of proof that the Carrier has received the claim with a copy of the facsimile transmission report to the Carrier. Enclosed is a facsimile transmittal that shows the Carrier received the bill in a timely manner.

We seek full reimbursement for the outstanding balance of \$800.00 along with interest accrued according to Rule 134.803 Calculating Interest for Late Payments on Medical Bills."

Amount in Dispute: \$800.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The following is the carrier's statement with respect to this dispute of 4/8/14.

1. The requestor, as designated doctor, submitted billing for codes 99456-W5-NM, 99456-W6-RE, 99456-W8-RE, and 99080-73 that Texas Mutual received on 6/10/14... Texas Mutual paid \$500.00 for the extent of injury exam and \$250.00 for the return to work exam. No payment was made for 99080-73 absent the doctor's signature and no completion of boxes 14 and 21. No payment was made for code 99456-W5-NM because the DWC-69 shows clinical MMI was reached and an impairment rating was assigned.
2. The requestor submitted a request for reconsideration (rfr) for which Texas Mutual received 9/16/14... This rfr bill was not the same bill Texas Mutual received on 6/10/14. On line one is listed 99456-W5-26 and on two 99456W5-TC. The codes on the remaining lines were 99456-W6-RE, 99456-W8-RE, and 99080-73.

Texas Mutual reviewed the bill and denied payment of 99456-W6-RE, 99456-W8-RE, and 99080-73 as duplicate billing. Since codes 99456-W5-26 and 99456W5-TC were new Texas Mutual denied these as untimely."

Response Submitted by: Texas Mutual Insurance Company, 6210 E. Hwy 290, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 8, 2014	Designated Doctor Examination	\$800.00	\$800.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
3. 28 Texas Administrative Code §133.250 sets out the procedures for reconsideration of a medical bill.
4. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
5. 28 Texas Administrative Code §134.204 sets out the procedures for billing and reimbursing Designated Doctor Examinations.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - CAC-29 – The time limit for filing has expired.
 - 731 – Per 133.20 Provider shall not submit a medical bill later than the 95th day after the date the service, for services on or after 9/1/05.

Issues

1. Did the requestor timely file a medical bill for the disputed services?
2. Is the requestor entitled to additional reimbursement?

Findings

1. 28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." Submitted documentation finds that the requestor faxed a request for reconsideration to the insurance carrier on 7/9/14. Because the submission contained new billing codes and dollar amounts, the Division finds that this request actually constitutes a new bill per 28 Texas Administrative Code §133.250 (d)(1).
28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission." The great weight of evidence contained in the submitted documentation indicates that the fax sent on 7/9/14 with the new billing was successfully transmitted. Therefore, the requestor has supported that a medical bill was filed for the disputed services in a timely manner.
2. 28 Texas Administrative Code §134.204 (j)(3) states, "The following applies for billing and reimbursement of an MMI evaluation. (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350." The submitted documentation indicates that the Designated Doctor performed an evaluation of Maximum Medical Improvement as ordered by the Division. **Therefore, the correct MAR for this examination is \$350.00.**
Per 28 Texas Administrative Code §134.204 (j)(4), "The following applies for billing and reimbursement of an IR evaluation. (C)(ii) The MAR for musculoskeletal body areas shall be as follows. (I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used. (II) If full physical evaluation, with range of motion, is performed: (-a-) \$300 for the first musculoskeletal body area...(iv) If, in accordance with §130.1 of this title ..., the examining doctor performs the MMI examination and assigns the IR, but does not perform the range of motion, sensory, or strength testing of the musculoskeletal body area(s), then the examining doctor shall bill using the appropriate MMI CPT code with CPT modifier '26.' Reimbursement shall be 80 percent of the total MAR. (v) If a HCP, other than the examining doctor, performs the range of motion, sensory, or strength testing of the musculoskeletal body area(s), then the HCP shall bill using the appropriate MMI CPT code with modifier 'TC.' In accordance with §130.1 of this title, the HCP must be certified. Reimbursement shall be 20 percent of the total MAR." The submitted documentation indicates that the Designated Doctor performed a full physical evaluation with range of motion for the bilateral shoulders to find the Impairment Rating and used the DRE method to determine the Impairment Rating of the spine. **Therefore, the correct MAR for the professional component of this examination is \$360.00. The correct**

MAR for technical component of this examination is \$90.00.

The requestor is entitled to additional reimbursement of \$800.00.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$800.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$800.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	<u>Laurie Garnes</u>	<u>January 20, 2015</u>
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.